

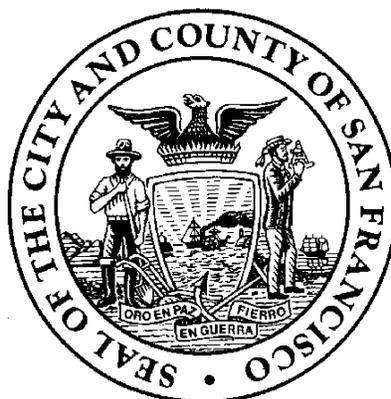
**E-MAIL QUESTIONS AND ANSWERS**

June 2 through June 17, 2020

for

**RFQ 15-2020**

**City and County of San Francisco, Department of Public Health**



**Request for Qualifications (RFQ) 15-2020**

**Professional Services in conducting Patient & Workforce Experience Surveys**

**Letters of Intent are due on or before 12:00 noon June 24, 2020**

**Applications are due on or before 12:00 Noon**  
**July 1, 2020**

**Email to: [sfdphcontractoffice@sfdph.org](mailto:sfdphcontractoffice@sfdph.org)**

**Copy to: [Mahlet.Girma@sfdph.org](mailto:Mahlet.Girma@sfdph.org)**

1. As a company headquartered in a Covered State, is the contract from this RFQ subject to any of the exceptions of Sec. 12X.5(b)? Can we still apply if our company is headquartered in one of the banned states?

**Answer:** Yes you may apply but note that the City (DPH) will not know whether any of the legally acceptable exceptions available under Chapter 12X of the SF Administrative Code will be applicable until a contract is awarded under the RFP. If your company is selected, the Department will need to determine if there is justification for an exception to Chapter 12X. Please note that the acceptable justifications provided for under Chapter 12X are as follows:

- Needed services are available only from one source. (with an approved sole source waiver request).
- Contract is necessary to respond to an emergency which endangers public health or safety and no compliant company is immediately available to perform required services.
- There are no compliant/qualified responsive bidders and the Contract is for a service, project, or property that is essential to the City or the public.
- Public interest warrants the granting of a waiver because application would have an adverse impact on services or a substantial adverse financial impact on the City.
- Services to be purchased are available under a bulk purchasing arrangement with a federal, state, or local government entity or a group purchasing organization, which will substantially reduce the City's cost.
- Violates or inconsistent with the terms or conditions of a grant, subvention, or agreement with a public agency, provided that the contracting officer has made a good faith attempt to change the terms or conditions."

2. Thank you for listing out the areas of measurement on page 5. Can you provide annualized patient volumes for each area?

**Answer:** For HCAHPS: 16,418 admissions and ED encounters: 77,795. For CGCAPHS-Specialty: 186,258 visits plus 33,667 for UCC.

CGCAHPS-home health: 2,000 unique patients

CGCAHPS-primary care: 71,000 unique patients

3. These patient discharge volumes are not necessary in the medical practice/specialty clinics to provide a quote but we do need a total number of providers to be included in the program to provide a quote/project plan. Additionally, we will need a total number of employees, physicians and staff that would be included in the Employee and Physician Engagement Surveys annually to provide pricing.

**Answer:** 1,500 total number of providers to be included in program.

Estimated 10,000 total employees, physicians and staff to be included in staff survey.

4. In the document, you are asking for proof that bidders are an 'approved city vendor'. As we have collaborated with DPH for 10+ years and currently have an active contract, we assume we are approved, but we do not know how to go about providing proof. Can you provide guidance?

**Answer:** For Approved City Vendors - see the attached "A step by step guide to managing your supplier account" and,

For those in process see the attached "A step by step guide to becoming an approved supplier".

All guides are accessible using this link <https://sfcitypartnersupport.sfgov.org/support/solutions>

5. There are 4 key areas of this RFQ:
  - a. Real time feedback from patients/families/residents across all the SF healthcare clinics
  - b. CAHPS/regulatory surveying
  - c. provider and employee engagement
  - d. HIV risk-adjusted outcomes

Which of these is the most critical piece of the RFQ or do all have equal value/weight.

**Answer:** Realtime feedback followed by provider and employee engagement. We trust that any vendor we engage in will have CAHPS/regulatory surveying experience.

6. The estimated annual contract amount stated is \$1.9 million. Is the \$1.9 million inclusive of technology and services?

**Answer:** Not clear what technology is needed. The budget includes: the planning and administration of the surveys, portal access, training resources, and advising resources.

7. SFDPH mentions ~~8000~~ staff included in the staff engagement survey. Are you looking for a once per year survey? Or an annual survey plus pulsing over the course of the year? How many pulses are you interested in (e.g. twice in addition to the annual survey)?

**Answer:** Please correct to 10,000 staff (not 8,000). Annual and pulse survey. Pulse survey at least quarterly.

8. Does the ~~8000~~ Staff number include all participants at all facility and clinic locations? If not, what is the total number of staff and clinicians that will participate in the Engagement survey across all locations?

**Answer:** Please correct to 10,000 staff (not 8,000). Yes, this number includes all locations.

9. What has been the historical response rates for the Staff Engagement survey based on past experience?

**Answer:** about 50%

10. Will SFDPH allow the use of a subcontractor for the printing/mailing of the CAHPS surveys with our company being the approved HCAHPS vendor (conducting the sampling, reporting, submission to QualityNet, etc.)?

**Answer:** No, there will be no use of subcontractors for this RFQ.

11. Will SFDPH allow our company to partner with other CAHPS approved vendors for administration of ICH CAHPS, OAS CAHPS, HHCAHPS, and CGCAHPS surveys?

**Answer:** No, there will be no partnership or collaboration with other approved vendors for administering the surveys.

12. Please clarify the version of CGCAHPS - is it CGCAHPS basic, ACO, or MIPS?

**Answer:** MIPS

13. Because CGCAHPS is not official, is SFDPH interested in administering electronically? Multi-mode? Or via mail?

**Answer:** Multimode, including email.

**14.** How important is past experience with PRIME ? If our company has extensive public health experience management credentials, is that sufficient or do we need specific experience with the PRIME program directly?

**Answer:** Understanding of PRIME reporting requirements is important. Include a reference for an organization with whom vendor has worked, who has reported out for PRIME.

**15.** Will SFDPH allow our company to partner for OASIS data analysis, reporting, and benchmarking? (We can administer the survey, but would partner for benchmarking).

**Answer:** Yes

**16.** For the Risk-adjusted outcome report for Health at Home patients with HIV, does SFDPH expect our company to 1) conduct a state, regional, and national panel survey study to capture the 37 outcome measures OR 2) pull from Medicare / Medicaid administrative and claims data sources and secondary sources?

**Answer:** For the HIV Patients: The survey requirements are contract driven with our contractor, so the parameters change each contract year. There is no national normative data, so comparison work is not required. All we wish to do is leverage the contract to deliver the custom surveys to the patients and tabulate results.

**17.** For Laguna Honda, how many tablets are required? Is there an expectation that our company would purchase and maintain this hardware?

**Answer:** 15-20 tablets. Please share ability for vendor to provide tablets.

**18. RFP p.9, item 2:** For the last item in this section, please define better what is “CMS ESRD Prospective Payment System”.

**Answer:** CMS ESRD Prospective Payment System is a CMS/Medicare program that is focused on our renal dialysis services preformed at ZSFG for our Medicare patients. Since we provide inpatient and outpatient dialysis for Medicare (and non-Medicare patients), we need to meet CMS quality and value based reporting requirements in order to continue to provide this service. This may also impact our reimbursement rates to care for our renal patients.

**19. RFQ p. 9 item 3 – Laguna Honda:** You reference surveys for “Resident and Family”. Please define these terms. Qualify what you are seeking here please.

**Answer:** Our long-term care facility, Laguna Honda considers their patients “residents” since they are usually there for a longer period of time. Also, some have disabilities that result in their inability to respond to a survey, thus a “family” or “in-person support” person would respond on their behalf.

**20. Appendix A-1c Checklist: Top of Second page:** Regarding “CMS PRIME”, what evidence, do you need for sharing our experience?

**Answer:** Include a reference for an organization with whom vendor has worked, who has reported out for PRIME.

**21. RFQ p.7-11 #V Other Minimum Qualifications for items 1 to 5:** For these bulleted items in 1 to 5, it states: “Any application that does not demonstrate that the applicant meets these minimum requirements...”

Are we to provide an answer for the bulleted items listed here as a part of our response? If yes, where in the order of submittal per Appendix A1-a (DPH forms) do these get inserted? OR are we

addressing these sufficiently by completing the Minimum Requirement Checklist – Appendix A1-c? Please clarify how and where you want these bulleted points addressed in that you have page limitations for responses.

**Answer:** You will be covering these bulleted items in your proposal submission, by completing Appendix A1-c Minimum Requirements Checklist, Appendix A1-a DPH Forms and B (forms only). Introduction and Executive Summary 1 page, listed on page 13.

**22.** Can the services included in the RFQ be added to the parties existing Master Services Agreement effective May 2, 2018?

**Answer:** No the contract awarded from this RFQ will be a new contract agreement.

**23.** If the current Contractor has a current business registration certificate, does it need to submit the Business Tax Form as part of its RFQ response?

**Answer:** No

**24.** If the current Contractor has previously submitted forms and some of the attachments currently included in this RFQ, do new/updated forms need to be submitted?

**Answer:** The only forms that need to be submitted with your proposal/application are in Attachment 1 which includes:

- Appendix A1-a CMD Attachment,
- Appendix A1-a RFQ Form 1 and 2
- Appendix A1-c Minimum Requirement Checklist and
- Appendix A1-d Boilerplate checklist.

All other forms in Attachment 2 will only be submitted, when your firm is selected and awarded.

**25.** If the current Contractor is currently incorporated in State of Indiana and the provision of services will be within the State of Indiana, will it be eligible to contract with the County/City of San Francisco for the services included in this RFQ?

**Answer:** Please see the answer to question # 1.

**Attached separately:**

- “A step by step guide to managing your supplier account” For existing vendors
- “A step by step guide to becoming an approved supplier - For those in process

**Follow the guidelines of the RFQ for Submission Requirements and Submission Details.**

**Letters of Intent (LOI) are due on or before 12:00pm on June 24, 2020**

**Email LOI to [sfdphcontractsoffice@sfdph.org](mailto:sfdphcontractsoffice@sfdph.org) using the template provided in Appendix A-1**

**Applications are due on or before 12:00 pm on July 1, 2020**